

ATTORNEY'S DOCKET NUMBER  
AST-4-PC1

## DECLARATION AND POWER OF ATTORNEY

As a below named inventor I hereby declare that:

My residence, post office address and citizenship are as stated below.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **MACROCYCLIC ANTIBIOTICS AS SEPARATION AGENTS**

the specification of which (check only one item below):

☐ is attached hereto.☐ was filed as United States application Serial No. \_\_\_\_\_ on \_\_\_\_\_☒ was filed as PCT International application No. PCT/US95/02071 on February 17, 1995

and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

## PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (If PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
U.S.	08/198,409	22 Feb. 1994	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PCT	PCT/US95/02071	17 Feb. 1995	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

## PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

PCT / US APPLICATION NUMBER	PCT / US FILING DATE	PATENTED(-)	PENDING(-)	ABANDONED(-)
U.S.S.N. 08/198,409	February 22, 1994		X	
PCT/US95/02071	February 17, 1995		X	

And I hereby appoint William D. Lucas, Reg. No. 17,721; David L. Just, Reg. No. 25,687, and Donald C. Lucas, Reg. No. 31,275, of the firm of Lucas & Just of 205 East 42nd Street, New York, N.Y. 10017, Telephone No. (212) 682-4980, Facsimile No. (212) 573-6127, my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith and to receive all correspondence in connection with this application.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor:

Insert Name of Inventor  
Insert Date This Document is Signed

Insert Residence  
Insert Citizenship

Insert Post Office Address

Full Name of Second Inventor, if any:  
see above

Full Name of Third Inventor, if any:  
see above

Full Name of Fourth Inventor, if any:  
see above

GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	DATE
Daniel	Armstrong	<i>Daniel W. Armstrong</i>	9-27-95
RESIDENCE (City, State & Country)		CITIZENSHIP	
Rolla, Missouri, U.S.A.		U.S.A.	
POST OFFICE ADDRESS (Complete Street Address including City, State & Country)			
715 Oak Knoll Road, Rolla, Missouri, U.S.A.			
GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	DATE
RESIDENCE (City, State & Country)		CITIZENSHIP	
POST OFFICE ADDRESS (Complete Street Address including City, State & Country)			
GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	DATE
RESIDENCE (City, State & Country)		CITIZENSHIP	
POST OFFICE ADDRESS (Complete Street Address including City, State & Country)			
GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	DATE
RESIDENCE (City, State & Country)		CITIZENSHIP	
POST OFFICE ADDRESS (Complete Street Address including City, State & Country)			

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Applicant or Patentee: The Curators of the University of Missouri Attorney's  
Serial or Patent No.: 08/198,409 Docket No. AST-4  
Filed or Issued: February 22, 1994  
For: MACROCYCLIC ANTIBIOTICS AS SEPARATION AGENTS

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) and 1.27(d)) - NONPROFIT ORGANIZATION

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION: The Curators of the University of Missouri  
ADDRESS OF ORGANIZATION: Office of Patents & Licensing, 509 Lewis Hall,  
University of Missouri System, Columbia, Missouri 65211

TYPE OF ORGANIZATION

- ☒ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION  
☐ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501 (a) and 501(c) (3))  
☒ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA  
(NAME OF STATE Missouri)  
(CITATION OF STATUTE Section 172.020, RSMO)  
☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c) (3)) IF LOCATED IN THE UNITED STATES OF AMERICA  
☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA  
(NAME OF STATE \_\_\_\_\_)  
(CITATION OF STATUTE \_\_\_\_\_)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under section 41(a) or (b) of Title 35, United States Code with regard to the invention entitled MACROCYCLIC ANTIBIOTICS AS SEPARATION AGENTS

by inventor(s) DANIEL W. ARMSTRONG and THOMAS E. BEESLEY  
described in

- ☐ the specification filed herewith  
☐ application serial no. \_\_\_\_\_, filed \_\_\_\_\_  
☐ patent no. \_\_\_\_\_, issued \_\_\_\_\_.

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

The rights held by the nonprofit organization are exclusive.

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SMALL ENTITY STATEMENT  
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I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING CONNIE M. ARMENTROUT

TITLE IN ORGANIZATION COORDINATOR

ADDRESS OF PERSON SIGNING OFFICE OF PATENTS & LICENSING, 509 LEWIS HALL,  
UNIVERSITY OF MISSOURI SYSTEM, COLUMBIA, MISSOURI 65211

SIGNATURE Connie M. ArmentROUT

DATE 3/24/94